

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/601132 FILING DATE

APPLICANT(S)

7/12/07

CLAIMS

	AS FILED		AFTER		AFTER	
	1st AMENDMENT	2nd AMENDMENT	IND.	DEP.	IND.	DEP.
1			1			
2						
3						
4			1			
5			1			
6			1			
7			1			
8			1			
9						
10			1			
11			1			
12						
13			1			
14			1			
15						
16						
17			1			
18			1			
19			1			
20			1			
21			1			
22						
23			1			
24			1			
25						
26						
27			1			
28			1			
29			1			
30			1			
31			1			
32			1			
33			1			
34			1			
35			1			
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.			21			
TOTAL CLAIMS			24			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
55								
56								
57								
58								
59								
60								
61								
62								
63								
64								
65								
66								
67								
68								
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								
86								
87								
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

24